

**EXHIBIT C**

**Claim Form**

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**EXHIBIT C****CLAIM FORM**

*Higazi v. Cadence Design Systems, Inc.* Class Action Settlement  
Settlement Services, Inc.

[address]

Tel.: [phone] Fax: [fax]

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by [redacted], 2008.

**1. Your Contact Information**

Please review and, if necessary, correct on the line to the right your contact information:

<<Name>>

<<Address>>

<<City>>, <<State>> <<Zip Code>>

Cadence Employee ID # << Employee ID #>>

Last four digits of Social Security number <<SSN>>

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § [redacted] of the Class Notice) as follows:

State Where You Worked:

<<State>>

Dates of Employment

<<Start Date>> - <<End Date>>

**[REPEAT IF MORE THAN ONE STATE]**

Based on this information, your estimated settlement share is \$ [redacted]. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

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**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. **Signature and Confirmation of Consent to Join Collective Action**

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I  
(i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

\_\_\_\_\_, 2008.

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Signature

4. **Postmark Deadline**

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before \_\_\_\_\_, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at.

*Higazi v. Cadence Class Action Settlement*

[Settlement Administrator]

[address]

Tel.: [phone] Fax: [fax]

5. **Questions?**

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.